

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

- [illegible]

Debtor **Hampton Dental, PLLC**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business***A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

*Check one:*

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11.

*Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

- ☒ No
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
Case number, if known \_\_\_\_\_ MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
Case number, if known \_\_\_\_\_ MM / DD / YYYY

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **Hampton Dental, PLLC**

Case number (if known) \_\_\_\_\_

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number Street

City

State

ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☐ \$0-\$50,000☐ \$50,001-\$100,000☒ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☒ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/02/2022  
MM / DD / YYYY

**X /s/ Dr. Sai Peramala**

Signature of authorized representative of debtor

**Dr. Sai Peramala**

Printed name

**President**

Title

**18. Signature of attorney**

**X /s/ Charles R. Chesnutt**

Signature of attorney for debtor

Date 03/02/2022  
MM / DD / YYYY

**Charles R. Chesnutt**

Printed name

**Charles Chesnutt**

Firm name

**2608 Hibernia Street**

Number Street

**Dallas**

City

**TX**

State

**75204**

ZIP Code

**(972) 248-7000**

Contact phone

**crc@chapter7-11.com**

Email address

**04186800**

Bar number

**TX**

State

**Fill in this information to identify the case**Debtor name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.  
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of  
account number**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.



Debtor Hampton Dental, PLLC Case number (if known) \_\_\_\_\_

Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$0.00
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			



Debtor **Hampton Dental, PLLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

This equipment was surrendered to secured creditors in September 2021

34150 Operatory Equipment

4650 Infection control

67000 Radiography

1200 Medical gas

7200 Mechanical

1010 Lab

3500 Handpieces

3450 Small Equipment

4000 Implant

29000 Milling

14000 Scanner

3700 Entertainment devices

750 Furniture

350 Miscellaneous

2500 Cash and Receivables (estimated)

**174960 TOTAL ASSETS****174960****\$174,960.00**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$174,960.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Debtor Hampton Dental, PLLC Case number (if known) \_\_\_\_\_

Name

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles****48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$0.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00****57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

Debtor	<b>Hampton Dental, PLLC</b>	Case number (if known)	
	Name		

  

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

  

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form.	
<input checked="" type="checkbox"/> No. Go to Part 12.	
<input type="checkbox"/> Yes. Fill in the information below.	

  

71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76. Trusts, equitable or future interests in property	
77. Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership	
78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$0.00
79. Has any of the property listed in Part 11 been appraised by a professional within the last year?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Debtor **Hampton Dental, PLLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$174,960.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$174,960.00</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$174,960.00</u>

**Fill in this information to identify the case:**Debtor name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Bank of America</b>	<b>Payroll and expenses</b>	<b>\$68,000.00</b>	<b>\$174,960.00</b>
	Creditor's mailing address <b>ATTENTION BANKRUPTCY</b>	Describe the lien <b>Non-consumer debt / Agreement</b>		
	<b>PO Box 15168</b>	Is the creditor an insider or related party?		
	<b>Wilmington DE 19850-5168</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
	Date debt was incurred <b>2020,21</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is:		
	Do multiple creditors have an interest in the same property?	Check all that apply.		
	<input type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

1) Small Business Administration; 2) Bank of America; 3) Bank of America Practice Solutions; 4) Small Business Administration; 5) Small Business Administration; 6) TIAA Commercial Finance, Inc.

Borrower is Hampton Dental, PLLC. Documentation held by debtor does not indicate whether the debtor is a guarantor on these two notes.

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$895,346.00**

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

<b>2.2</b>	<b>Creditor's name</b> <u>Bank of America Practice Solutions</u>  <b>Creditor's mailing address</b> <u>P.O. Box 844336</u>  <u>Dallas TX 75284-4336</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2016</u>  <b>Last 4 digits of account number</b> <u>0 0 0 1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Dental Equipment</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$403,892.00</u>	<u>\$174,960.00</u>
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Unsigned copies of this loan show that the Debtor is an individual guarantor

<b>2.3</b>	<b>Creditor's name</b> <u>CIT Bank, N.A.</u>  <b>Creditor's mailing address</b> <u>155 Commerce Way</u>  <u>Portsmouth NH 03801</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2020</u>  <b>Last 4 digits of account number</b> <u>7 8 4 0</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Dental equipment: Scanner</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$13,325.00</u>	<u>\$12,000.00</u>
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Borrower is Hampton Dental, PLLC. Debtor is guarantor.

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.4</b>	<b>Creditor's name</b> <u>CIT Bank, N.A.</u>  <b>Creditor's mailing address</b> <u>155 Commerce Way</u>  <u>Portsmouth NH 03801</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2020</u>  <b>Last 4 digits of account number</b> <u>5 6 1 8</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Dental Equipment: Milling machine</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$36,946.00</u>	<u>\$29,000.00</u>
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**Borrower is Hampton Dental PLLC. Debtor is guarantor.**

<b>2.5</b>	<b>Creditor's name</b> <u>JT Hampton, LLC</u>  <b>Creditor's mailing address</b> <u>10650 Audelia Road</u>  <u>Dallas TX 75238</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2016</u>  <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Landlord's Lien</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$74,860.00</u>	<u>\$1,200.00</u>
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**Commercial lease. Debtor is guarantor.**

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.6</b>	<b>Creditor's name</b> <u>OnePlace Capital</u>  <b>Creditor's mailing address</b> <u>505 Market St. Suite 110</u>  <u>West Des Moines IA 50266</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2021</u>  <b>Last 4 digits of account number</b> <u>7 0 7 2</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Hiossen Implant Package</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,000.00</u>	<u>\$5,000.00</u>
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**Borrower is Hampton Dental PLLC. Debtor is guarantor.**

<b>2.7</b>	<b>Creditor's name</b> <u>Small Business Administration</u>  <b>Creditor's mailing address</b> <u>4300 Amon Carter Blvd.</u>  <u>Suite 114</u>  <u>Fort Worth TX 76155</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2020</u>  <b>Last 4 digits of account number</b> <u>7 4 0 7</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Accounts and equipment</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$150,000.00</u>	<u>\$174,960.00</u>
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**SBA Loan to Hampton Dental PLLC. Debtor is guarantor.**



Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.8</b>	<b>Creditor's name</b> <u>Small Business Administration</u>  <b>Creditor's mailing address</b> <u>4300 Amon Carter Blvd.</u> <u>Suite 114</u>  <u>Fort Worth TX 76155</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2020</u>  <b>Last 4 digits of account number</b> <u>9 7 5 1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Payroll and expenses loan</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$33,939.00</b>	<b>\$174,960.00</b>
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This was a PPP loan through Bank of America. SBA is guarantor. Also listed as a BOA loan.

<b>2.9</b>	<b>Creditor's name</b> <u>Small Business Administration</u>  <b>Creditor's mailing address</b> <u>4300 Amon Carter Blvd.</u> <u>Suite 114</u>  <u>Fort Worth TX 76155</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>2021</u>  <b>Last 4 digits of account number</b> <u>1 2 8 0</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Payroll, expenses loan</u>  <b>Describe the lien</b> <u>Non-consumer debt / Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$33,940.00</b>	<b>\$174,960.00</b>
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This was a PPP loan through Bank of America. SBA is the guarantor. Also listed as a BOA loan.

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

Copy this page only if more space is needed. Continue numbering the lines  
 sequentially from the previous page.

**2.10**

**Creditor's name**  
TIAA Commercial Finance, Inc

**Describe debtor's property that is  
 subject to a lien**

\$75,444.00\$174,960.00

**Creditor's mailing address**  
P.O. Box 1283

**Implants motor and promax 3D**

**Describe the lien**

**Non-consumer debt / Agreement**

Charlotte NC 28201-1283

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Creditor's email address, if known**

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred** 2020

**Last 4 digits of account  
 number**

9 2 8 0

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Do multiple creditors have an interest in  
 the same property?**

☐ No

☒ Yes. Have you already specified the  
 relative priority?

☐ No. Specify each creditor, including this  
 creditor, and its relative priority.

☒ Yes. The relative priority of creditors is  
 specified on lines 2.1

**Hampton Dental**

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1  
did you enter the  
related creditor?Last 4 digits of  
account number  
for this entityDirect Capital (CIT Group)

Line \_\_\_\_\_

9 0 0 0155 Commerce WayPortsmouthNH 03801Hampton DentalOneView Finance

Line \_\_\_\_\_

9 8 2 9135 Duryea RoadMelvilleNY 11747Same as TIAA loan

**Fill in this information to identify the case:**Debtor Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim      Priority amount

**2.1** Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(\_\_\_\_)

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>American Express</u> <u>P.O. Box 981535</u>  <u>El Paso</u> <u>TX</u> <u>79998-1535</u> Date or dates debt was incurred <u>2019</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>2</u> Business credit card	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Non-consumer debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,430.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>P.O. Box 660441</u>  <u>Dallas</u> <u>TX</u> <u>75266-0441</u> Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u>4</u> <u>1</u> <u>9</u> <u>8</u> Business credit card	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Non-consumer debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,389.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>P.O. Box 15284</u>  <u>Wilmington</u> <u>DE</u> <u>19850</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u>9</u> <u>2</u> <u>2</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Credit card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,485.00</u>

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.4</b> Nonpriority creditor's name and mailing address <u>Capital One</u> <u>P.O. Box 30285</u>  <u>Salt Lake City</u> <u>UT</u> <u>84130</u> Date or dates debt was incurred <u>2019</u> Last 4 digits of account number <u>0</u> <u>2</u> <u>8</u> <u>1</u> Business credit card	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,177.00</u>
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<b>3.5</b> Nonpriority creditor's name and mailing address <u>Chase Bank</u> <u>P.O. Box 15298</u>  <u>Wilmington</u> <u>DE</u> <u>19850-5298</u> Date or dates debt was incurred <u>2019</u> Last 4 digits of account number <u>0</u> <u>9</u> <u>4</u> <u>3</u> Business credit card	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,238.00</u>
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<b>3.6</b> Nonpriority creditor's name and mailing address <u>Choicehealth Finance</u> <u>1310 Madrid St., Ste 101</u>  <u>Marshall</u> <u>MN</u> <u>56258</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>0</u> <u>7</u> <u>0</u> <u>2</u> <u>Hampton Dental</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,955.00</u>
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Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address  <u>Comenity Capital Bank</u> <u>Bankruptcy Department</u> <u>P.O. Box 183043</u>  <u>Columbus</u> <u>OH</u> <u>43218-3043</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>1</u> <u>3</u> <u>6</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Credit card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,715.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address  <u>DenMat Holdings LLC</u> <u>P.O. Box 1729</u>  <u>Lompoc</u> <u>CA</u> <u>93438</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>0</u> <u>5</u> <u>6</u> <u>5</u> Dental lab	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Non-consumer debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,142.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address  <u>Direct Capital (CIT Group)</u> <u>155 Commerce Way</u>  <u>Portsmouth</u> <u>NH</u> <u>03801</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>0</u> Hampton Dental	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Non-consumer debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,325.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address  <u>Discover</u> <u>P.O. Box 30943</u>  <u>Salt Lake City</u> <u>UT</u> <u>84130</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>8</u> <u>5</u> <u>9</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Credit card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,363.00</u>

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address  <u>Discover Student Loans</u> <u>PO Box 6107</u>  <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>2012</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,876.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address  <u>HF Acquisition Co. LLC</u> <u>22314 70th Avenue W Unit 1</u>  <u>Mountlake Terrace</u> <u>WA</u> <u>98043-2190</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>Hampton Dental</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$116.62</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address  <u>Register Tapes Unlimited at IndoorMedia</u> <u>1445 Langham Creek Dr</u>  <u>Houston</u> <u>TX</u> <u>77084</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>3</u> <u>5</u> <u>1</u> <u>8</u> <u>Hampton Dental</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,625.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address  <u>TIAA Commerce Finance, Inc</u> <u>P.O. Box 1283</u>  <u>Charlotte</u> <u>NC</u> <u>28201-1283</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>9</u> <u>2</u> <u>8</u> <u>0</u> <u>Hampton Dental</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Non-consumer debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,800.00</u>



Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.15	Nonpriority creditor's name and mailing address
------	---

As of the petition filing date, the claim is:  
Check all that apply.

\$425.57TXU Energy

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

PO Box 650638

Basis for the claim:

Dallas TX 75265-0638UtilityDate or dates debt was incurred 2021

Is the claim subject to offset?

Last 4 digits of account number n t a l

- ☒ No  
☐ Yes

Debt of Hampton Dental.

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Alpha Dental Programs</u> <u>1701 Shoal Creek Suite 240</u>  <u>Highland Village TX 75077</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.2	<u>Bank of America</u> <u>c/o Kelly L. Kampenga</u> <u>Mail Code IL4-110-10-04</u> <u>110 N. Wacker Drive</u> <u>Chicago IL 60606</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	<u>n t a l</u>
4.3	<u>Bank of America</u> <u>CARES Act Paycheck Protection</u> <u>P.O. Box 15220</u>  <u>Wilmington DE 19886-5220</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Non-consumer debt</b>	<u>1 2 8 0</u>
4.4	<u>Bank of America</u> <u>CARES Act Paycheck Protection</u> <u>P.O. Box 15220</u>  <u>Wilmington DE 19886-5220</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Non-consumer debt</b>	<u>9 7 5 1</u>
4.5	<u>Bank of America Practice Solutions</u> <u>2505 W. Chandler Blvd.</u>  <u>Chandler AZ 85224</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	<u>3 5 4 1</u>
4.6	<u>Blue Cross Blue Shield</u> <u>225 North Michigan Ave</u>  <u>Chicago IL 60601</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Blue Cross Blue Shield of Texas</u> <u>1001 East Lookout Dr.</u>  <u>Richardson TX 75082</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.8	<u>Cad-Ray Distribution, LLC</u> <u>1080 Wilshire Blvd</u>  <u>Los Angeles CA 90017</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.9	<u>Carrington International Corp</u> <u>7700 Gaylord Parkway</u>  <u>Frisco TX 75034</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.10	<u>Cigna</u> <u>900 Cottage Grove Road</u>  <u>Bloomfield CT 06002</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.11	<u>Comenity Capital Bank</u> <u>PO Box 182273</u>  <u>Columbus OH 43218</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.12	<u>Dallas County Tax Office</u> <u>P.O. Box 139066</u>  <u>Dallas TX 75313-9066</u> <u>Hampton Dental</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Taxes</b>	<u>0</u> <u>0</u> <u>0</u> <u>0</u>

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<b>4.13</b> <u>Delta Dental Insurance Co</u> <u>PO Box 1809</u>  <u>Alpharetta</u> <u>GA</u> <u>30023</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.14</b> <u>Delta Dental Insurance Co</u> <u>1130 Sanctuary Parkway</u>  <u>Alpharetta</u> <u>GA</u> <u>30009</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.15</b> <u>Dentaquest</u> <u>Building D</u> <u>11044 Research Blvd. #400</u>  <u>Austin</u> <u>TX</u> <u>78759</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.16</b> <u>Humana</u> <u>PO Box 14601</u>  <u>Lexington</u> <u>KY</u> <u>40512-4601</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.17</b> <u>Joshua Pyong Lee</u> <u>10650 Audelia Road</u>  <u>Dallas</u> <u>TX</u> <u>75238</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.18</b> <u>LendingClub Patient Solutions</u> <u>1700 West Park Drive, Ste 310</u>  <u>Westborough</u> <u>MA</u> <u>01581</u> <u>Business loan</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Non-consumer debt</b>	_____

Debtor Hampton Dental, PLLC

Case number (if known) \_\_\_\_\_

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<b>4.19 MCNA Dental</b> <b>200 W Cypress Creek Rd.</b>  <b>Fort Lauderdale FL 33309</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.20 Metlife</b> <b>2020 Metropolitan Life</b> <b>200 Park Avenue</b>  <b>New York NY 10166</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.21 OnePlace Capital</b> <b>a Division of Bank Midwest</b> <b>505 Market St., Ste 110</b>  <b>West Des Moines IA 50266</b> <b>Hampton Dental</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Non-consumer debt</b>	<b>4 5 8 0</b>
<b>4.22 OneView Finance</b> <b>10 Waterview Blvd., Suite 110</b>  <b>West Des Moines IA 50266</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
<b>4.23 Small Business Administration</b> <b>Tom Jackson, Branch Counsel</b> <b>511 W. Capital Street, Ste 302</b>  <b>Springfield IL 62704</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Business debt</b>	<b>7 4 0 7</b>
<b>4.24 Sunbit Inc.</b> <b>10940 Wilshire Blvd, Suite 1850</b>  <b>Los Angeles CA 90024</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____

Debtor Hampton Dental, PLLC Case number (if known) \_\_\_\_\_**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.25	<b>TMHP</b> <b>12367 Riata Tract Parkway</b>   <b>Austin TX 78727</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _

Debtor Hampton Dental, PLLC Case number (if known) \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. + \$140,062.195c. Total of Parts 1 and 2 5c. \$140,062.19  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**Debtor name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_ Chapter 7  
(if known)☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**



**Fill in this information to identify the case:**Debtor name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an  
amended filing

Official Form 206H

**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing address****Name***Check all schedules  
that apply:*

**Fill in this information to identify the case:**Debtor Name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$174,960.00**1c. Total of all property**Copy line 92 from Schedule A/B..... \$174,960.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$895,346.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$140,062.19**4. Total liabilities**Lines 2 + 3a + 3b..... \$1,035,408.19

**Management Information**  
for the Period Ending  
**September 30, 2021**

**Hampton Dental PLLC**  
516 S Hampton Rd, Suite 100  
Dallas, TX 75208-5621



17060 Dallas Parkway, Suite 200, Dallas, Texas 75248

📞 972.267.9191 📠 972.267.9292

[www.EandAssociates.com](http://www.EandAssociates.com)

# STATEMENT OF ASSETS, LIABILITIES AND EQUITY

Tax Basis

As of September 30, 2021

## ASSETS

### CURRENT ASSETS

Total Current Assets	<u>                    </u>
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### PROPERTY AND EQUIPMENT

Net Property and Equipment	<u>0.00</u>
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### INTANGIBLE ASSETS

Net Intangible Assets	<u>0.00</u>
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TOTAL ASSETS	<u>\$ 0.00</u>
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## LIABILITIES AND STOCKHOLDERS' EQUITY

### CURRENT LIABILITIES

### LONG-TERM LIABILITIES

Total Liabilities	<u>0.00</u>
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### STOCKHOLDERS' EQUITY

Common Stock	1,000.00
Equity - Bankruptcy	231,759.84
Shareholder Distributions	(71,311.51)
Shareholder Contributions	488,620.00
Retained Earnings	(585,195.13)
Net Income	<u>(64,873.20)</u>

Total Stockholders' Equity	<u>0.00</u>
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TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 0.00</u>
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**Hampton Dental PLLC**  
**STATEMENT OF REVENUE AND EXPENSES**  
**Tax Basis**  
**For the 1 Month and 9 Months Ended September 30, 2021**

	1 Month Ended September 30, 2021	%	9 Months Ended September 30, 2021	%
<b>Income</b>				
Patient Fees- General	\$ 8,780.03	100.00	\$ 187,444.35	121.13
Contract Income	0.00	0.00	116.31	0.08
Chargebacks & NFS	0.00	0.00	(3,000.00)	-1.94
Less Returns & Allowances	0.00	0.00	(29,810.58)	-19.26
	<u>8,780.03</u>		<u>154,750.08</u>	
<b>Total Revenue</b>	<u>8,780.03</u>	100.00	<u>154,750.08</u>	100.00
<b>Cost of Goods Sold</b>				
Dental Supplies	0.00	0.00	39,186.04	25.32
Lab Fees	0.00	0.00	6,286.20	4.06
	<u>0.00</u>		<u>45,472.24</u>	
<b>Total Cost of Goods Sold</b>	<u>0.00</u>	0.00	<u>45,472.24</u>	29.38
<b>Gross Profit</b>	<u>8,780.03</u>	100.00	<u>109,277.84</u>	70.62
<b>Employee Expenses</b>				
Salaries-Assistants	0.00	0.00	19,448.00	12.57
Salaries-General	0.00	0.00	19,324.00	12.49
Staffing Expense	0.00	0.00	698.25	0.45
Contract Labor	0.00	0.00	1,382.00	0.89
Education & Seminars-Staff	0.00	0.00	178.00	0.12
Insurance-Vision-Staff	34.37	0.39	309.33	0.20
Taxes-Payroll-Staff	0.00	0.00	3,644.17	2.35
	<u>34.37</u>		<u>44,983.75</u>	
<b>Total Employee Expenses</b>	<u>34.37</u>	0.39	<u>44,983.75</u>	29.07
<b>Facilities Expenses</b>				
Rent	0.00	0.00	48,469.40	31.32
Security	0.00	0.00	505.17	0.33
Utilities	0.00	0.00	4,811.19	3.11
	<u>0.00</u>		<u>53,785.76</u>	
<b>Total Facilities Expenses</b>	<u>0.00</u>	34.76	<u>53,785.76</u>	34.76
<b>Marketing Expenses</b>				
Advertising-Other	325.00	3.70	6,194.41	4.00
	<u>325.00</u>		<u>6,194.41</u>	

No assurance is provided on these financial statements.

Substantially all disclosures ordinarily included in financial statements prepared in accordance with the tax basis of accounting are not included.

**Hampton Dental PLLC**  
**STATEMENT OF REVENUE AND EXPENSES**  
**Tax Basis**  
**For the 1 Month and 9 Months Ended September 30, 2021**

	1 Month Ended September 30, 2021	%	9 Months Ended September 30, 2021	%
Total Marketing Expenses	<u>325.00</u>	3.70	<u>6,194.41</u>	4.00
Overhead Expenses				
Bank Charges	729.95	8.31	1,045.29	0.68
Computer	75.66	0.86	9,424.38	6.09
Dues & Subscriptions	0.00	0.00	717.01	0.46
Insurance-Liability	0.00	0.00	859.00	0.56
Insurance Expense	176.42	2.01	1,429.92	0.92
Legal & Professional	0.00	0.00	4,400.00	2.84
Licenses & Permits	0.00	0.00	654.00	0.42
Merchant Card Fees	222.45	2.53	3,388.58	2.19
Office	0.00	0.00	4,678.51	3.02
Payroll Processing Fees	0.00	0.00	1,307.08	0.84
Postage & Shipping	0.00	0.00	66.67	0.04
Telephone	<u>370.95</u>	4.22	<u>1,520.15</u>	0.98
Total Overhead Expenses	<u>1,575.43</u>	17.94	<u>29,490.59</u>	19.06
Doctor's Expenses				
Salaries-Doctor	0.00	0.00	10,500.00	6.79
Automotive	859.66	9.79	8,236.94	5.32
Education & Seminars-Doctor	0.00	0.00	7,319.93	4.73
Insurance-Disability-Doctor	225.10	2.56	1,125.50	0.73
Meals-Doctor	0.00	0.00	73.69	0.05
Taxes-Payroll-Doctor	0.00	0.00	1,088.31	0.70
Travel	<u>0.00</u>	0.00	<u>2,022.94</u>	1.31
Total Doctor's Expenses	<u>1,084.76</u>	12.35	<u>30,367.31</u>	19.62
Other Expenses				
Amortization	22.08	0.25	198.72	0.13
Contribution	0.00	0.00	100.00	0.06
Depreciation	199.33	2.27	1,793.97	1.16
Interest	473.67	5.39	8,687.23	5.61
Taxes-Property	<u>0.00</u>	0.00	<u>5,520.70</u>	3.57
Total Other Expenses	<u>695.08</u>	7.92	<u>16,300.62</u>	10.53
Total Expenses	<u>3,714.64</u>	42.31	<u>181,122.44</u>	117.04

No assurance is provided on these financial statements.

Substantially all disclosures ordinarily included in financial statements prepared in accordance with the tax basis of accounting are not included.

Hampton Dental PLLC  
STATEMENT OF REVENUE AND EXPENSES  
Tax Basis  
For the 1 Month and 9 Months Ended September 30, 2021

	1 Month Ended September 30, 2021	%	9 Months Ended September 30, 2021	%
Other Income				
Gain/Loss on Sale/Disposal of Assets	<u>0.00</u>	0.00	<u>6,971.40</u>	4.50
Total Other Income	<u>0.00</u>	0.00	<u>6,971.40</u>	4.50
Net Profit/(Loss)	<u>\$ 5,065.39</u>	57.69	<u>\$ (64,873.20)</u>	-41.92

No assurance is provided on these financial statements.

Substantially all disclosures ordinarily included in financial statements prepared in accordance with the tax basis of accounting are not included.

**Fill in this information to identify the case and this filing:**Debtor Name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Statement of Assets, Liabilities and Equity as of September 30, 2021

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/02/2022  
MM / DD / YYYY

**X /s/ Dr. Sai Peramala**  
Signature of individual signing on behalf of debtor

**Dr. Sai Peramala**  
Printed name

**President**  
Position or relationship to debtor



**Fill in this information to identify the case:**Debtor name Hampton Dental, PLLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply.

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date  
MM/DD/YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

**\$0.00**

For prior year:

From 01/01/2021 to 12/31/2021  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$187,444.00**

For the year before that:

From 01/01/2020 to 12/31/2020  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$297,505.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Debtor **Hampton Dental, PLLC**  
Name

Case number (if known)

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <b>Sai Peramala</b> Insider's name <b>4716 125th St.</b> Street	<b>September 2021</b>	<b>\$174,960.00</b>	<b>Estimated value of collateral surrendered to secured creditors in September 2021.</b>

**Lubbock TX 79424**  
City State ZIP Code

Relationship to debtor

**Owner**

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.2. <b>Sai Peramala</b> Insider's name <b>4716 125th St.</b> Street	<b>Jan - Sept 2021</b>	<b>\$10,500.00</b>	<b>Salary</b>

**Lubbock TX 79424**  
City State ZIP Code

Relationship to debtor

**Owner****5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <b>Bank of America</b> Creditor's name <b>110 North Wacker Drive MC 164-110-10-04</b> Street	<b>Dental equipment</b>	<b>September 21</b>	<b>\$144,690.00</b>

City State ZIP Code

Creditor's name and address	Description of the property	Date	Value of property
5.2. <b>Choice Health Finance</b> Creditor's name <b>1310 Madrid St., Ste 101</b> Street	<b>Dental Equipment</b>	<b>September 21</b>	<b>\$20,000.00</b>

**Marshall MN 56258**  
City State ZIP Code

Debtor Hampton Dental, PLLC Case number (if known) \_\_\_\_\_  
 Name

Creditor's name and address	Description of the property	Date	Value of property
5.3. <b>CIT Bank, N.A.</b> <small>Creditor's name</small> <b>155 Commerce Way</b> <small>Street</small>  <b>Portsmouth</b> <b>NH</b> <b>80301</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	Dental equipment	<u>September 21</u>	<u>\$10,000.00</u>

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor **Hampton Dental, PLLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <b>Charles R. Chesnutt, P.C.</b>	<b>\$2500 plus filing fee</b>	<b>February 2022</b>	<b>\$2,500.00</b>

**Address****2608 Hibernia St, Office 107**

Street

**Dallas**

City

**TX**

State

**75204**

ZIP Code

**Email or website address****chapter7-11.com****Who made the payment, if not debtor?****Sai Peramala****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

☒ None**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Hampton Dental, PLLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No.☐ Yes.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Debtor Hampton Dental, PLLC  
Name

Case number (if known) \_\_\_\_\_

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Debtor **Hampton Dental, PLLC**  
Name

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**26a.1. **Inova Consulting Services**From **JAN 2015** To **JUN 2021**

Name

**8177 Pitkin Road**

Street

**Frisco**

City

**TX**

State

**75026**

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. **Sai Peramala**

Name

**4716 125th St.**

Street

**Lubbock**

City

**TX**

State

**79424**

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.☐ Yes. Give the details about the two most recent inventories.**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
<b>Dr. Sai Peramala</b>	<b>4716 125th St. Lubbock, TX 79424</b>	<b>Owner</b>	<b>100%</b>

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
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Debtor Hampton Dental, PLLC  
Name

Case number (if known) \_\_\_\_\_

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Dr. Sai Peramala</u> <small>Name</small> <u>4716 125th St.</u> <small>Street</small>  <u>Lubbock</u> <u>TX</u> <u>79424</u> <small>City State ZIP Code</small>	<b>Deposits</b> <b>\$10,500.00</b>	<b>January</b> <b>2021 -</b> <b>February</b> <b>2022</b>	<b>Salary</b>
<b>Relationship to debtor</b> <b>Owner</b>			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/02/2022  
 MM / DD / YYYY

**X /s/ Dr. Sai Peramala**Printed name Dr. Sai Peramala

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No  
☐ Yes



B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re **Hampton Dental, PLLC**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$2,500.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$2,500.00</b></u>
Balance Due.....	<u><b>\$0.00</b></u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify)  
**Ramesh Kumar Kadiyala**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Hourly fee in excess of amount disclosed**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**03/02/2022**

*Date*

**/s/ Charles R. Chesnutt**

*Charles R. Chesnutt*  
Charles Chesnutt  
2608 Hibernia Street  
Dallas TX 75204  
Phone: (972) 248-7000

Bar No. 04186800

**/s/ Dr. Sai Peramala**

**Dr. Sai Peramala**  
**President**

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Hampton Dental, PLLC**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/2/2022

Signature /s/ Dr. Sai Peramala  
Dr. Sai Peramala  
President

Date \_\_\_\_\_

Signature \_\_\_\_\_

Alpha Dental Programs  
1701 Shoal Creek Suite 240  
Highland Village TX 75077

American Express  
P.O. Box 981535  
El Paso, TX 79998-1535

Attorney-in-Charge  
OFFICE OF US ATTORNEY  
1100 Commerce St., Room 16G28  
Dallas TX 75242

Bank of America  
ATTENTION BANKRUPTCY  
PO Box 15168  
Wilmington, DE 19850-5168

Bank of America  
P.O. Box 660441  
Dallas, TX 75266-0441

Bank of America  
P.O. Box 15284  
Wilmington, DE 19850

Bank of America  
CARES Act Paycheck Protection  
P.O. Box 15220  
Wilmington, DE 19886-5220

Bank of America  
c/o Kelly L. Kampenga  
Mail Code IL4-110-10-04  
110 N. Wacker Drive  
Chicago IL 60606

Bank of America Practice Solutions  
P.O. Box 844336  
Dallas, TX 75284-4336

Bank of America Practice Solutions  
2505 W. Chandler Blvd.  
Chandler AZ 85224

Blue Cross Blue Shield  
225 North Michigan Ave  
Chicago IL 60601

Blue Cross Blue Shield of Texas  
1001 East Lookout Dr.  
Richardson TX 75082

Cad-Ray Distribution, LLC  
1080 Wilshire Blvd  
Los Angeles CA 90017

Capital One  
P.O. Box 30285  
Salt Lake City, UT 84130

Carrington International Corp  
7700 Gaylord Parkway  
Frisco TX 75034

Chase Bank  
P.O. Box 15298  
Wilmington, DE 19850-5298

Choicehealth Finance  
1310 Madrid St., Ste 101  
Marshall, MN 56258

Cigna  
900 Cottage Grove Road  
Bloomfield CT 06002

CIT Bank, N.A.  
155 Commerce Way  
Portsmouth NH 03801

Comenity Capital Bank  
PO Box 182273  
Columbus OH 43218

Comenity Capital Bank  
Bankruptcy Department  
P.O. Box 183043  
Columbus, OH 43218-3043

Dallas County Tax Office  
P.O. Box 139066  
Dallas, TX 75313-9066

Delta Dental Insurance Co  
1130 Sanctuary Parkway  
Alpharetta GA 30009

Delta Dental Insurance Co  
PO Box 1809  
Alpharetta GA 30023

DenMat Holdings LLC  
P.O. Box 1729  
Lompoc, CA 93438

Dentaquest  
Building D  
11044 Research Blvd. #400  
Austin TX 78759

Direct Capital (CIT Group)  
155 Commerce Way  
Portsmouth, NH 03801

Discover  
P.O. Box 30943  
Salt Lake City, UT 84130

Discover Student Loans  
PO Box 6107  
Carol Stream IL 60197

HF Acquisition Co. LLC  
22314 70th Avenue W Unit 1  
Mountlake Terrace WA 98043-2190

Humana  
PO Box 14601  
Lexington KY 40512-4601

Internal Revenue Service  
PO Box 7346  
Philadelphia PA 19101-7346

IRS Special Procedures  
1100 Commerce St., Room 9A20  
Mail Code 5027-DAL  
Dallas TX 75242

Joshua Pyong Lee  
10650 Audelia Road  
Dallas TX 75238

LendingClub Patient Solutions  
1700 West Park Drive, Ste 310  
Westborough MA 01581

MCNA Dental  
200 W Cypress Creek Rd.  
Fort Lauderdale FL 33309

Metlife  
2020 Metropolitan Life  
200 Park Avenue  
New York NY 10166

OnePlace Capital  
505 Market St. Suite 110  
West Des Moines IA 50266

OnePlace Capital  
a Division of Bank Midwest  
505 Market St., Ste 110  
West Des Moines, IA 50266

OneView Finance  
135 Duryea Road  
Melville NY 11747

OneView Finance  
10 Waterview Blvd., Suite 110  
West Des Moines IA 50266

Register Tapes Unlimited at IndoorMedia  
1445 Langham Creek Dr  
Houston, TX 77084

Small Business Administration  
4300 Amon Carter Blvd.  
Suite 114  
Fort Worth TX 76155

Small Business Administration  
Tom Jackson, Branch Counsel  
511 W. Capital Street, Ste 302  
Springfield, IL 62704

Sunbit Inc.  
10940 Wilshire Blvd, Suite 1850  
Los Angeles CA 90024



TIAA Commerce Finance, Inc  
P.O. Box 1283  
Charlotte, NC 28201-1283

TIAA Commercial Finance, Inc  
P.O. Box 1283  
Charlotte, NC 28201-1283

TMHP  
12367 Riata Tract Parkway  
Austin TX 78727

TXU Energy  
PO Box 650638  
Dallas TX 75265-0638

U.S. Trustee  
1100 Commerce St. 9th Floor  
Dallas TX 75242